

South Bend Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 09-27-12

Address: 811 Sarah

Case #: 12-0793NB

Mishawaka, IN

County: St. Joseph

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open atr, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): attic
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: attic
☒ Water Reactive Metal (Lithium): attic
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☒ Corrosive Base: attic
☒ Other (item and location): Amm. Sulfate, - Crawl Space

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Officer dispatch

This report is to be faxed to the following agencies that serve the location:

Fire Department: Mishawaka Fire

Fax: 258-1614

Health Department: St. Joseph County

Fax: 235-9497

Fax: _____

Child Protection Service: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Sgt. Smith

Phone 235-9406

*** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.